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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Dan Feehan PO Box 1844 ADDRESS (number and street) (Check if address is changed) North Mankato 56002 MN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shellihesselroth@gmail.com (Check if address is changed) Optional Second E-Mail Address meghan.maes@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 31 2021 C00649327 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Maes, Meghan, , , Type or Print Name of Treasurer Maes, Meghan, , , [Electronically Filed] 01 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE  Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below	.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	nplete the candidate
Name Cand	e of lidate	Feehan, Daniel, , ,	
	lidate Affiliati	on DFL Office Sought: X House Senate President	State MN District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Parl	ty Con	nmittee:  (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate	·
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number	

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		i age <b>v</b>
Friends of Da		
	ed Organization, Affiliated Committee, Joint Fundraising Representati	tive, or Leadership PAC Sponsor
		o, o. <u></u>
Public Service 44 F	uria	
Mailing Address	370 Selby Ave	
•		
	Saint Paul MN	55102
	CITY STATE	E ZIP CODE
		П
Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Represe	entative Leadership PAC Sponso
books and records.	Identify by name, address (phone number optional) and position of the Meghan, , ,	
Mailing Address	P.O. Box 1844	
Walling Address		
	North Mankato MN	56002
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	ttee; and the name and address of
Full Name Maes, of Treasurer	Meghan, , ,	
Mailing Address	P.O. Box 1844	
	North Mankato MN	56002
Title or Position	CITY STATE	ZIP CODE
Treasurer		

FEC Form 1 (Rev	vised 02/2009)	Page <b>4</b>
Full Name of Designated Hesse Agent	elroth, Shelli, , ,	
Mailing Address	P.O. Box 1844	
	North Mankato , MN , 56	6002
	North Mankato MN 56	ZIP CODE
Title or Position Assistant Treasurer	Telephone number	1
safety deposit boxes or I Name of Bank, Deposito		s, holds accounts, rents
Mailing Address	325 S Broad Street	<u></u>
Ÿ		
	Mankato MN 56	5001
	CITY STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.	
	rise Banks 2300 Como Ave	
Suni		
	2300 Como Ave	5108

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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n). <b>Joint Fundraisi</b> r	ig Farticipant.								
1.					FEC II	number	С		
2.					FEC I	number	С		
3.					FEC II	number	С		
4.					FEC II	number	С		
ame of Any Connected		Affiliated Co	mmittee, Jo	int Fundra	nising Rep	resentativ	e, or Lea	adership P	AC Spoi
Battleground Mini	nesota								
Mailing Adalas	<sub> </sub> 370 Selby A	venue							
Mailing Address	Ste 326								
	Saint Paul					ı MN ı	. 85	042	
Relationship:	Saint Faui		T)( :						-
		( '1	TY 🔺			STATE A		ZIP C	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Connecte	d Organization y by name, add	Affiliated	Committee		Fundraisinę	Represent	ative	Leadersh	
		Affiliated	Committee		Fundraisinç	Represent	ative	-	
Connecte		Affiliated	Committee		Fundraising	Represent	ative	-	
Connecte esignated Agent: Identif		Affiliated	Committee		Fundraising	Represent	ative	-	
Connecte esignated Agent: Identif	y by name, add	Affiliated	number – op			Represent		-	ip PAC S
Connecte esignated Agent: Identif Full Name Mailing Address	y by name, add	Affiliated	Committee  number – op	otional)		Represent		Leadersh	ip PAC S
Connecte esignated Agent: Identif	y by name, add	Affiliated	Committee  number – op	otional)		STATE A		Leadersh	ip PAC S
Connecte esignated Agent: Identife Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	y by name, add	Affiliated ress (phone control of the control of th	Committee  number – op	otional)	lephone N	STATE A		ZIP COI	ip PAC S
Connecte esignated Agent: Identife Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito fety deposit boxes or ma	y by name, add	Affiliated dress (phone dress (	Committee  number – op	otional)	lephone N	STATE A		ZIP COI	ip PAC S
Connecte esignated Agent: Identife Full Name Mailing Address  TITLE OR POSITION Anks or Other Depositor fety deposit boxes or ma	y by name, add	Affiliated dress (phone dress (	Committee  number – op	otional)	lephone N	STATE A		ZIP COI	ip PAC S
Connecte  esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  fety deposit boxes or mail  ame of Bank, Amalg  epository, etc.	y by name, add	Affiliated dress (phone dress (	Committee  number – op	otional)	lephone N	STATE A		ZIP COI	ip PAC S

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisir</b>	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected Second Service \	Organization, Affiliated Committee, Joint Fund /ictory Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	2910 E Gary Way		
	Phoenix	^7	20006
D 1 11 11		AZ	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joi	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)  CITY	STATE A	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A